PART B -FEE(S) TRANSMITTAL

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CUBERINT CORRESPONDENCE ADDRESS (Note: Use Black 1 for any change of address) 46037 IDWARDS ANCIELL PALMER & DODGE LLP P.O. Box 55874 Boston, Missachusetts 02205				Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such a son assignment of romal drawing, must have its own certificate of mailing or transmission. Certificate of mailing or transmission. The certificate of mailing or transmission the certificate of mailing or transmission. The certificate of mailing or transmission with the United States Postal Service with stifficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being filed electronically, on the date indicated below.			
				Colleen McKiernan, Ph.D. (Depositor's name)			
				/Colleen McKiernan, Ph.D./		(Signature)	
				January 6, 2010 (Date)			
APPLICATION NO. FILING DATE	PLICATION NO. FILING DATE FIRST NAMED INVEN				ATTORNEY DOCKET NO		
10/517,898 07/27/2005		Warren Strober			84807(47992)	5707	
TITLE OF INVENTION: METHODS OF TREATING AND PREVENTING COLITIS INVOLVING IL-13 AND NK-T CELLS							
APPLN. TYPE SMALL ENTITY	ISSUE	FEE	PUBLICA	ATION FEE	TOTAL FEE(S) DUE	DATE DUE	
Non-Provisional no		\$1,510.00		00.00	\$1,810.00	01/20/2010	
EXAMINER	ART U		CLASS-S	SUBCLASS			
I. I. Ouspenski 1. Change of correspondence address or indicat	164						
Address" (37 CFR 1,363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication of form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (thaving as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE FRENTIED ON THE PATENT (grint or type) PIEASE NOTE: Luless an assigne is identified below, the document has been filed for recordation as set forth in 3" CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (a) NAME OF ASSIGNEE The United States of America, as represented by the Secretary, Department of Health and Human Services (B) RESIDENCE: (CITY and STATE OR COUNTRY) Bethesda, Maryland							
The Brigham & Women's Hospital, Inc. Boston, Massachusetts							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):							
X Issue Fee A check in the amount of the fee(s) is enclosed.							
x Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached.							
X Advance Order # of Copies 10 X The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-1105, reference 8-807(47992)							
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignce or other party in interest as shown by the recrosit of the fulled States Patent and Trademark Office.							
Authorized Signature	/Colleen McKiernan, Ph.D./				Date	January 6, 2010	
Typed or printed name	Colleen Mc	Colleen McKiernan, Ph.D.			Registration No.	48.570	